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LONGEVITY AND THE ELDERLY

Longevity is one of the great achievements of this century. The percentage of Americans 65 and older has increased from 4.1% in 1900 to 12.6% in 1999 and the population in this age group has increased from 3.1 million in 1900 to 34.4 million in 1999. The 65-74 age group is 8 times larger in 1999 than it was in 1900; the 75-84 group is 17 times larger and the 85+ age group is 33 times larger than it was in 1900. A child born in 1999 can expect to live 29 years longer than a child born in 1900.

The United Nations designated 1999 as the "International Year of Older Persons (IYOP)." DHHS, along with other federal departments and agencies, is working to highlight the year by recognizing the impact of longevity and emphasizing the need for successful aging based on long-term, life-long societal and individual decisions.

1. CHANGE IN PSYCHOSOCIAL FUNCTIONING AND HEALTH FROM AGE 70 TO AGE 80: FINDINGS FROM THE Terman Sample. Holahan, CK. *J Ment Health Aging* 4:335-45, Fall '98.
2. CHANGES IN LONGEVITY BY STATE. Kranczer, S. *Stat Bull* 79:29-36, Jul-Sep '98.

N.B. A master copy of each journal article in this Bulletin is available for photocopy at each Library

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3. CHILDHOOD CONDITIONS THAT PREDICT SURVIVAL TO ADVANCED AGES AMONG AFRICAN-AMERICANS. Preston, SH. *Soc Sci Med* 47:1231-46, Nov '98.
4. THE EFFECT OF GENETIC FACTORS FOR LONGEVITY: A COMPARISON OF IDENTICAL AND FRATERNAL TWINS IN THE SWEDISH TWIN REGISTRY. Ljungquist, B. *J Gerontol Series A: Biol Sci Med Sci* 53A:M441-6, Nov '98.
5. HUMAN LONGEVITY AT THE COST OF REPRODUCTIVE SUCCESS. Westendorp, RGJ. *Nature* 396:743-6, 24/31 Dec '98.
6. INTERNATIONAL YEAR OF OLDER PERSONS: PUTTING AGING AND RESEARCH ONTO THE POLITICAL AGENDA. Andrews, G. *J Gerontol Series B: Psychol Sci Soc Sci* 54B:P7-10, Jan '99.
7. LIFE AT 85 AND 92: A QUALITATIVE LONGITUDINAL STUDY OF HOW THE OLDEST OLD EXPERIENCE AND ADJUST TO THE INCREASING UNCERTAINTY OF EXISTENCE. Ågren, M. *Int J Aging Hum Dev* 47(2):105-17, '98.
8. LONGEVITY AND GRAY HAIR, BALDNESS, FACIAL WRINKLES, AND ARCUS SENILIS IN 13,000 MEN AND WOMEN: THE COPENHAGEN CITY HEART STUDY. Schnohr, P. *J Gerontol Series A: Biol Sci Med Sci* 53A:M347-50, Sep '98.
9. PSYCHOLOGICAL PREDICTORS OF MORTALITY IN OLD AGE. Maier, H. *J Gerontol Series B: Psychol Sci Soc Sci* 54B:P44-54, Jan '99.
10. SEVEN-YEAR SURVIVAL RATE AFTER AGE 85 YEARS. Aevansson, Ó. *Arch Neurol* 55:1226-32, Sep '98.

ATTENTION-DEFICIT HYPERACTIVITY DISORDER AND ADDICTION

Attention-Deficit Hyperactivity Disorder (ADHD) is defined as a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent or severe than is typically observed in individuals in a comparable level of development. The literature indicates that many times people with ADHD attempt to alleviate their symptoms with addictive substances such as tranquilizers, caffeine, cocaine, marijuana, sugar, nicotine, and street amphetamines. This process is called self-medication. Research indicates that while this process of self-medication initially works, it leaves the individual open to a host of addiction-related problems which cause greater problems in the long run. NIDA is looking at ways that combined treatments can help those with substance abuse disorders overcome their addictions.

11. ASSOCIATION BETWEEN HYPERACTIVITY AND EXECUTIVE COGNITIVE FUNCTIONING IN CHILDHOOD AND SUBSTANCE USE IN EARLY ADOLESCENCE. Aytacilar, S. *J Am Acad Child Adolesc Psychiatry* 38:172-8, Feb '99.
12. ATTENTION-DEFICIT HYPERACTIVITY DISORDER IN ADULTS. Wender, PH. *Psychiatr Clin North Am* 21:761-74, Dec '98.
13. ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IN MALES WITH PARAPHILIAS AND PARAPHILIA-RELATED DISORDERS: A COMORBIDITY STUDY. Kafka, MP. *J Clin Psychiatry* 59:388-96, July '98.
14. DOES ATTENTION-DEFICIT HYPERACTIVITY DISORDER IMPACT THE DEVELOPMENT COURSE OF DRUG AND ALCOHOL ABUSE AND DEPENDENCE? Biederman, J. *Biol Psychiatry* 44:269-73, 15 Aug '98.
15. EXECUTIVE COGNITIVE FUNCTIONING IN ALCOHOL USE DISORDERS. Giancola, PR. *Recent Dev Alcohol* 14:227-51, '98.
16. THE LINK BETWEEN ADHD & ADDICTION. Richardson, W. *Prof Counselor* 14:30-2, Apr '99.
17. METHYLPHENIDATE TREATMENT FOR COCAINE ABUSERS WITH ADULT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER: A PILOT STUDY. Levin, FR. *J Clin Psychiatr* 59:300-5, June '98.
18. PREVALENCE OF ADULT ATTENTION-DEFICIT HYPERACTIVITY DISORDER AMONG COCAINE ABUSERS SEEKING TREATMENT. Levin, FR. *Drug Alcohol Depend* 52:15-25, 1 Sep '98.
19. PROSPECTIVE STUDY OF TOBACCO AND SUBSTANCE DEPENDENCIES AMONG SAMPLES OF ADHD AND NON-ADHD PARTICIPANTS. *J Learn Disabil* 31:533-44, Nov-Dec '98.
20. SUBSTANCE USE, MENTAL DISORDERS, ABUSE, AND CRIME: GENDER COMPARISONS AMONG A NATIONAL SAMPLE OF ADOLESCENT DRUG TREATMENT CLIENTS. Rounds-Bryant, JL. *J Child Adolesc Subst Abuse* 7(4):19-34, '98.

HEALTH INSURANCE

Health insurance is defined as insurance providing for the payment of benefits as a result of sickness or injury. Included under this heading are various types of insurance such as accident insurance, disability income insurance, medical expense insurance, and accidental death and dismemberment insurance. The literature indicates that currently many Americans receive health insurance through employers. This includes people who rely primarily on government insurance such as Medicare and workers whose employers arrange their insurance but contribute nothing toward the premiums. Research indicates that 61.3 % of the United States population is covered by insurance related to employment and 25.9 % receive insurance through the government. NCHS has current data on health insurance coverage in their annual report entitled Health, United States.

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| <p>21. COST OF TAX-EXEMPT HEALTH BENEFITS IN 1998. Sheils, J. <i>Health Affairs</i> 18:176-81, Mar-Apr '99.</p> | <p>25. THE HEALTH INSURANCE PUZZLE: A NEW APPROACH TO ASSESSING PATIENT COVERAGE PREFERENCES. Biddle, AK. <i>J Community Health</i> 23:181-94, June '98.</p> |
| <p>22. THE EFFECT OF CHANGE OF HEALTH INSURANCE ON ACCESS TO CARE. Burstin, HR. <i>Inquiry</i> 35:389-97, Win 98-99.</p> | <p>26. KNOWLEDGE OF HEALTH INSURANCE COVERAGE BY ADOLESCENTS AND YOUNG ADULTS ATTENDING A HOSPITAL-BASED CLINIC. Robertson, LM. <i>J Adolesc Health</i> 22:439-45, June '98.</p> |
| <p>23. EFFECTS OF STATE REFORMS ON HEALTH INSURANCE COVERAGE OF ADULTS. Sloan, FA. <i>Inquiry</i> 35:280-93, Fall '98.</p> | <p>27. PRIVATE HEALTH INSURANCE COVERAGE AND DISABILITY AMONG OLDER AMERICANS. Landerman, LR. <i>J Gerontol: Soc Sci</i> 53B(5):S258-66, Sep '98.</p> |
| <p>24. GOING BARE: TRENDS IN HEALTH INSURANCE COVERAGE, 1989 THROUGH 1996. Carrasquillo, O. <i>Am J Public Health</i> 89:36-42, Jan '99.</p> | <p>28. A REAPPRAISAL OF PRIVATE EMPLOYERS' ROLE IN PROVIDING HEALTH INSURANCE. Carrasquillo, O. <i>N Engl J Med</i> 340:109-14, 14 Jan '99.</p> |

29. URBAN-RURAL DIFFERENCES IN EMPLOYER-BASED HEALTH INSURANCE COVERAGE OF WORKERS. Coburn, AF. *Med Care Res Rev* 55:484-96, Dec '98.
30. WHY ARE WORKERS UNINSURED? EMPLOYER-SPONSORED HEALTH INSURANCE IN 1997. Thorpe, KE. *Health Affairs* 18:213-8, Mar-Apr '99.

IMPLANTABLE CARDIOVERTER DEFIBRILLATOR USE

An automatic implantable cardioverter defibrillator (ICD) is defined as a device that detects sustained ventricular tachycardia or fibrillation and terminates it by a shock or shocks delivered directly to the myocardium. The literature indicates that ICDs are widely used for patients with persistent life-threatening arrhythmias. Research suggests that there is a 54 percent reduction in total mortality in patients treated with prophylactic ICDs compared with patients who receive conventional medical therapy. AHCPR recently funded research in this area.

31. CARDIOVERTER-DEFIBRILLATOR OVERSENSING DUE TO DOUBLE COUNTING OF VENTRICULAR TACHYCARDIA ELECTROGRAMS. Boriani, G. *Int J Cardiol* 66:91-5, 1 Sep '98.
32. COMPARISON OF METOPROLOL AND SOTALOL IN PREVENTING VENTRICULAR TACHYARRHYTHMIAS AFTER THE IMPLANTATION OF A CARDIOVERTER/DEFIBRILLATOR. Seidl, K. *Am J Cardiol* 82:744-8, 15 Sep '98.
33. EFFECT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR IMPLANTATION ON SURGICAL MORBIDITY IN THE CABG PATCH TRIAL. SURGICAL INVESTIGATORS OF THE CORONARY ARTERY BYPASS GRAFT PATCH TRIAL. Spotnitz, HM. *Circulation* 98:II77-80, 10 Nov '98.
34. ESTIMATING THE PROPORTION OF POST-MYOCARDIAL INFARCTION PATIENTS WHO MAY BENEFIT FROM PROPHYLACTIC IMPLANTABLE DEFIBRILLATOR PLACEMENT FROM ANALYSIS OF THE CAST REGISTRY. CARDIAC ARRHYTHMIA SUPPRESSION TRIAL. Every, NR. *Am J Cardiol* 82:683-5, 1 Sep '98.

35. INFLUENCE OF BETA-BLOCKERS ON THE FREQUENCY OF ARRHYTHMIA RECURRENCES IN PATIENTS WITH IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR: AN INTRAINDIVIDUAL COMPARISON. Fries, R. *Int J Cardiol* 66:89-90, 1 Sep '98.
36. MECHANISMS OF SYNCOPE IN IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR RECIPIENTS WHO RECEIVE DEVICE THERAPIES. Olatidoye, AG. *Am J Cardiol* 82:1372-6, 1 Dec '98.
37. ONLY A SMALL NUMBER OF HEART ATTACK PATIENTS MAY BENEFIT FROM PROPHYLACTIC USE OF IMPLANTED AUTOMATIC DEFIBRILLATORS. *AHCPR Res Activities* 223:3, Jan-Feb '99.
38. PREDICTORS OF OUTCOME IN PATIENTS WITH IMPLANTABLE CARDIOVERTER DEFIBRILLATORS. Anvari, A. *Cardiology* 90:180-6, Dec '98.
39. SUBPECTORAL IMPLANTATION OF A CARDIOVERTER DEFIBRILLATOR UNDER LOCAL ANAESTHESIA. Sayer, JW. *Heart* 80:420, Oct '98.
40. SUDDEN DEATH IN IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR RECIPIENTS: CLINICAL CONTEXT, ARRHYTHMIC EVENTS AND DEVICE RESPONSES. Pires, LA. *J Am Coll Cardiol* 33:24-32, Jan '99.

LONGITUDINAL STUDIES OF MENTAL DISORDERS

Longitudinal studies are research methods used to study changes in individuals or groups by repeatedly measuring the same subjects over extended periods of time. The literature indicates that longitudinal studies are important when time-related phenomena are under investigation such as the study of behavioral or physiological changes that occur as individuals grow older. The major strength of longitudinal studies is that researchers are able to follow the same subjects over the duration of the study. This allows for the examination of change in the same individuals as they develop or decline. Research indicates, however, that certain problems are associated with longitudinal studies. Since the subjects are measured repeatedly, some of the changes observed may be due to the effects of repeated assessment. Another problem is subject attrition. Longitudinal studies often continue for long periods of time. Therefore, subjects may die, move or refuse to continue in the study. NIMH is currently funding longitudinal studies in schizophrenia and attention-deficit hyperactivity disorder.

41. ANTECEDENTS AND COMPLICATIONS OF TRAUMA IN BOYS WITH ADHD: FINDINGS FROM A LONGITUDINAL STUDY. Wozniak, J. *J Am Acad Child Adolesc Psychiatry* 38:48-55, Jan '99.
42. ARE COGNITIVE ERRORS OF UNDERESTIMATION PREDICTIVE OR REFLECTIVE OF DEPRESSIVE SYMPTOMS IN CHILDREN: A LONGITUDINAL STUDY. Cole, DA. *J Abnormal Psychol* 107:481-96, Aug '98.
43. COGNITIVE DECLINE IN LATE-LIFE SCHIZOPHRENIA: A LONGITUDINAL STUDY OF GERIATRIC CHRONICALLY HOSPITALIZED PATIENTS. Harvey, PD. *Biol Psychiatry* 45:32-40, 1 Jan '99.
44. GETTING LOST IN DEMENTIA: A LONGITUDINAL STUDY OF A BEHAVIORAL SYMPTOM. McShane, R. *Int Psychogeriatr* 10:253-60, Sep '98.
45. A LONGITUDINAL STUDY OF NEUROBIOLOGICAL MECHANISMS IN BOYS WITH ATTENTION-DEFICIT HYPERACTIVITY DISORDER: PRELIMINARY FINDINGS. Pick, LH. *Biol Psychiatry* 45:371-3, 1 Feb '99.
46. A LONGITUDINAL STUDY OF PSYCHOSIS DUE TO A GENERAL MEDICAL (NEUROLOGICAL) CONDITION: ESTABLISHING PREDICTIVE AND CONSTRUCT VALIDITY. Feinstein, A. *J Neuropsychiatry Clin Neurosci* 10:448-52, Fall '98.
47. METHODS OF ENSURING HIGH FOLLOW-UP RATES: LESSONS FROM A LONGITUDINAL STUDY OF DUAL DIAGNOSED PARTICIPANTS. BootsMiller, BJ. *Subst Use Misuse* 33(13):2665-85, '98.
48. REMISSION AND RELAPSE IN SCHIZOPHRENIA: THE MADRAS LONGITUDINAL STUDY. Eaton, WW. *J Nerv Ment Dis* 186(6):357-63, '98.
49. A REVIEW OF LONGITUDINAL STUDIES OF COGNITIVE FUNCTIONS IN SCHIZOPHRENIA PATIENTS. Rund, BR. *Schizophr Bull* 24(3):425-35, '98.
50. SEX DIFFERENCES IN THE COURSE OF DEPRESSION: EVIDENCE FROM A LONGITUDINAL STUDY OF A REPRESENTATIVE SAMPLE OF THE BELGIAN POPULATION. Bracke, P. *Soc Psychiatry Psychiatr Epidemiol* 33(9):420-9, '98.

REINVENTING GOVERNMENT

Since 1990, the management staff of the Parklawn Health Library has selected 10 journal articles per month on innovative management techniques to appear in each Bulletin. First entitled "Total Quality Management," this recurring bibliography was renamed "Reinventing Government" to reflect and support the Administration's efforts to create a government that works better and costs less.

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| <p>51. APPLYING QUALITY CONCEPTS TO COMMUNITY ISSUES. Jacques, ML. <i>Qual Progress</i> 32:49-56, Mar '99.</p> | <p>56. LEADERSHIP: LESSONS FROM THE BEST. Fulmer, RM. <i>Training & Dev</i> 53:29-32, Mar '99.</p> |
| <p>52. ATTITUDE ADJUSTMENTS. Kaye, S. <i>Qual Progress</i> 32:29-33, Mar '99.</p> | <p>57. A LURE FOR LABOR. Fister, S. <i>Training</i> 36:56-62, Feb '99.</p> |
| <p>53. BECOMING A WORLD-CLASS SERVICE PROVIDER. Kalscheur, K. <i>Public Manage</i> 27:32-4, Win '99.</p> | <p>58. NEW OPTIONS, NEW TALENT: PART TWO. Sumser, R. <i>Public Manage</i> 27:45-8, Win '98-'99.</p> |
| <p>54. GET READY FOR GENERATION NEXT. Wellner, A. <i>Training</i> 36:42-8, Feb '99.</p> | <p>59. WHEN CULTURE RESISTS CHANGE. Huggett, JF. <i>Qual Progress</i> 32:35-9, Mar '99.</p> |
| <p>55. HELPFUL PRACTICES IN IMPLEMENTING GPRA. Martz, MJR. <i>Public Manage</i> 27:35-9, Win 98-99.</p> | <p>60. WHY DO LEADERS AVOID CHANGE? Harari, O. <i>Manage Rev</i> 88:35-8, Mar '99.</p> |

RURAL HEALTH NETWORKS

Rural health networks are composed of three or more health care organizations or a combination of three or more health care and social service organizations that support the delivery of health services. The literature indicates that these networks encourage integrated and collaborative relationships among service providers. Research suggests that health care must be networked to communications links that support information access for treatment providers in order to provide adequate access to services for rural areas. HRSA is currently funding Rural Network Development Grants which support integrated systems of care that will be capable of providing a comprehensive set of inpatient and outpatient services.

61. ATTRACTING PHYSICIANS TO UNDERSERVED COMMUNITIES: THE ROLE OF HEALTH NETWORKS. Weil, TP. *Front Health Serv Manage* 15:3-26, Win '98.
62. BARRIERS TO RURAL PHYSICIAN USE OF A DIGITAL HEALTH SCIENCES LIBRARY. D'Alessandro, DM. *Bull Med Libr Assoc* 86:583-93, Oct '98.
63. BUILDING A RESEARCH AGENDA: RESPONDING TO THE NEEDS OF COMMUNITY AND MIGRANT HEALTH CENTERS. Mueller, KJ. *J Rural Health* 14:289-94, Fall '98.
64. IMPROVING HEALTHCARE DELIVERY IN RURAL MARKETS: THE HMA EXPERIENCE. Schoen, WJ. *Hosp Outlook* 1:6-7, Oct '98.
65. LINKING PRIMARY CARE AND RURAL PSYCHIATRY: WHERE HAVE WE BEEN AND WHERE ARE WE GOING? Lambert, D. *Psychiatr Serv* 49:965-7, July '98.
66. MEDICAID MANAGED CARE PROGRAMS IN RURAL AREAS. A FIFTY STATE OVERVIEW. Slifkin, RT. *Health Affairs* 17:217-27, Nov-Dec '98.
67. POPULATION-BASED STUDY OF THE ADEQUACY OF WELL-CHILD SERVICES. Gadowski, AM. *Arch Pediatr Adolesc Med* 152:745-8, Aug '98.
68. POTENTIAL EFFECTS OF MANAGED CARE ORGANIZATIONS IN RURAL COMMUNITIES: A FRAMEWORK. Christianson, J. *J Rural Health* 14:169-79, Sum '98.
69. A TAXONOMY OF HEALTH NETWORKS AND SYSTEMS: BRINGING ORDER OUT OF CHAOS. Bazzoli, GJ. *Health Serv Res* 33:1683-1777, Feb '99.
70. TELEMEDICINE CONTINUES TO WRESTLE WICKED PROBLEMS: REIMBURSEMENT, LICENSURE, AND BANDWIDTH RULES (OR IS IT COMPLIANCE?) Sandberg, LA. *Health Manage Tech* 20:133, 134, Feb '99.

SELECTED NEW ACQUISITIONS

To permit review of all books and reports in this list, they will not be circulated until three weeks from the date of this Bulletin. All materials are available for review on the NEW BOOKS display shelf near the Service Desk of the Library. You may reserve any book simply by completing the yellow strip form available on the display shelf.

DRUG ABUSE

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|---------------------|---|------------------------------|--|
| WM
270
C61637 | CLINICAL TEXTBOOK OF
ADDICTIVE DISORDERS.
2nd ed. New York, NY,
Guilford Press, 1998, 637 p. | WM
30
L64 | CREATING COMPETENCE
FROM CHAOS: A
COMPREHENSIVE GUIDE
TO HOME-BASED
SERVICES. Lindblad-
Goldberg, Marion. New
York, NY, W.W. Norton,
1998, 364 p. |
| NIH
99-4135 | DRUG ABUSE
PREVENTION THROUGH
FAMILY IN-
TERVENTIONS. Rockville,
MD, U.S. Dept. Of Health
and Human Services, National
Institute on Drug Abuse,
1998, 523 p. | WA
540AA1
H34989
75 | HEALTHY PEOPLE 2010
OBJECTIVES: DRAFT FOR
PUBLIC COMMENT. U.S.
Dept. of Health and Human
Services, Office of Public
Health and Science, [1998], 1
vol. |

HEALTH PLANNING

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|--------------------|--|-------------------------|--|
| W
85.5
A2448 | ADVANCE DIRECTIVES
AND SURROGATE
DECISION MAKING IN
HEALTH CARE: UNITED
STATES, GERMANY, AND
JAPAN. Baltimore, MD,
Johns Hopkins University
Press, 1998, 311 p. | WL
300
M26 | THE MAD COW CRISIS:
HEALTH AND THE
PUBLIC GOOD. Washington
Square, NY, New York
University Press, 1998, 247 p. |
| | | W
130AA1
M3115227 | MANAGED CARE: FACTS,
TRENDS AND DATA:
1998-99. 3rd ed. Washington,
DC, Atlantic Information
Services, Inc., 1998, 296 p. |

W
250AA1
M46835 MEDICAID MANAGED
CARE SOURCEBOOK: A
PROGRESS REPORT AND
RESOURCE GUIDE ON
MANAGED CARE
PROGRAMS IN THE
STATES. New York, NY,
Faulkner & Gray's Healthcare
Information Center, 1999,
550 p.

WY
115
P4427 TRANSFORMING HOME
CARE: QUALITY, COST,
AND DATA
MANAGEMENT. Peters,
Donna Ambler. Gaithersburg,
MD, Aspen Publishers, 1998,
406 p.

PHS
99-1467
ser.4
no.30 REPORT OF THE
SECOND WORKSHOP ON
AGE-ADJUSTMENT.
(2nd: 1997 National Center
for Health Statistics).
Washington, DC, G.P.O.,
[1998], 37 p.

MANAGEMENT

HD
53
H238 THE CREATIVITY
TOOLKIT: PROVOKING
CREATIVITY IN
INDIVIDUALS AND
ORGANIZATIONS.
Harrington, H. James. New
York, NY, McGraw-Hill,
1998, 221 p.

HF
5415
.525
G4477 CUSTOMER SAT-
ISFACTION IS
WORTHLESS, CUSTOMER
LOYALTY IS PRICELESS:
HOW TO MAKE
CUSTOMERS LOVE YOU,
KEEP THEM COMING
BACK, AND TELL
EVERYONE THEY KNOW.
Gitomer, Jeffrey H. Austin,
TX, Bard Press, 1998, 288 p.

HF
5415.5
F914 CUSTOMER SERVICE
NIGHTMARES: 100 TALES
OF THE WORST
EXPERIENCES POSSIBLE,
AND HOW THEY COULD
HAVE BEEN FIXED.
Friedman, Nancy J. Menlo
Park, CA, Crisp Publications,
1998, 149 p.

HD
57.7
L46927 THE LEADER'S CHANGE
HANDBOOK: AN
ESSENTIAL GUIDE TO
SETTING DIRECTION
AND TAKING ACTION.
San Francisco, CA, Jossey-
Bass, 1999, 375 p.

HD
58.8
C762 LEADING AT THE EDGE
OF CHAOS: HOW TO
CREATE THE NIMBLE
ORGANIZATION. Conner,
Daryl. New York, NY, John
Wiley, 1998, 352 p.

HD
31
R5387 MANAGEMENT. 6th ed.
Robbins, Stephen P. Upper
Saddle River, NJ, Prentice
Hall, 1999, (var. pag.)

HF
5415.335
H326 MEASURING CUSTOMER
SATISFACTION: SURVEY
DESIGN, USE, AND
STATISTICAL ANALYSIS
METHODS. 2nd ed. Hayes,
Bob E. Milwaukee, WI, ASQ
Quality Press, 1998, 278 p.

PE
1475
V265 PROFESSIONAL AND
TECHNICAL WRITING
STRATEGIES:
COMMUNICATING IN
TECHNOLOGY AND
SCIENCE. 4th ed.
VanAlstyne, Judith S. Upper
Saddle River, NJ, Prentice
Hall, 1999, 673 p.

JK
469
K513r REINVENTING
GOVERNMENT: A FIFTH-
YEAR REPORT CARD.
Kettl, Donald F. Washington,
DC, The Brookings
Institution, 1998, 71 p.

HD
50.5
P9767 THE SELF MANAGING
ORGANIZATION: HOW
LEADING COMPANIES
ARE TRANSFORMING
THE WORK OF TEAMS
FOR REAL IMPACT.
Purser, Ronald E. New York,
NY, Free Press, 1998, 360 p.

WM
172
J557 STRESS AND JOB
PERFORMANCE:
THEORY, RESEARCH,
AND IMPLICATIONS FOR
MANAGERIAL PRACTICE.
Jex, Steve M. Thousand
Oaks, CA, Sage Publications
1998, 129 p.

HD
66
W8924 THE WORK OF TEAMS.
Boston, MA, Harvard
Business School Press, 1998,
247 p.

MEDICAL & ALLIED SCIENCES

WS
200
A4976 AMBULATORY
PEDIATRIC CARE. 3rd ed.
Philadelphia, PA, Lippincott-
Raven, 1999, 1106 p.

WL
354
T7375 ATTENTION DEFICIT
HYPERACTIVITY DIS-
ORDER IN ADULTHOOD:
A PRACTITIONER'S
HANDBOOK. Triolo, Santo
J. Philadelphia, PA,
Brunner/Mazel, 1999, 228 p.

WS
200
E536 EMERGENCY
PEDIATRICS: A GUIDE TO
AMBULATORY CARE. 5th
ed. St. Louis, MO, Mosby,
1999, 952 p.

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| <p>WA
790
E618</p> | <p>ENVIRONMENTAL
MANAGEMENT IN
HEALTHCARE
FACILITIES. Philadelphia,
PA, W.B. Saunders Co.,
1998, 499 p.</p> | <p>WT
150
H19127</p> | <p>HANDBOOK OF THE
AGING BRAIN. San Diego,
CA, Academic Press, 1998,
263 p.</p> |
| <p>W
50
E23</p> | <p>ETHICS OF HEALTH
CARE: A GUIDE FOR
CLINICAL PRACTICE. 2nd
ed. Edge, Raymond S.
Albany, NY, Delmar
Publishers, 1999, 308 p.</p> | <p>W
22.1
M4518</p> | <p>HOW TO FIND HEALTH
INFORMATION ON THE
INTERNET. Maxwell,
Bruce. Washington, DC,
Congressional Quarterly,
1998, 332 p.</p> |
| <p>WS
100
A4395</p> | <p>THE FAMILY IS THE
PATIENT: USING FAMILY
INTERVIEWS IN
CHILDREN'S MEDICAL
CARE. 2nd ed. Allmond,
Bayard W. Baltimore, MD,
Williams & Wilkins, 1999,
362 p.</p> | <p>WC
503.2
B284</p> | <p>THE JOHNS HOPKINS
HOSPITAL 1998-1999
GUIDE TO MEDICAL
CARE OF PATIENTS WITH
HIV INFECTION. 8th ed.
Bartlett, John G. Baltimore,
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GUIDE TO LIBRARY RESOURCES

HOW TO FIND HEALTH INFORMATION ON THE INTERNET. Maxwell, B.
Congressional Quarterly Inc., Washington, DC, 1998. Ref-Dir W 22.1/M4518

This book is a guide to over 600 Internet sites, mailing lists and use net sites on all aspects of health. It does not propose to cover all health-related resources on the Internet but can be used as a starting point for searching. It also contains a thorough index and a glossary of Internet terms. The body of the book is divided into four parts which include:

- Directories, search engines and reference sources
- Conditions, diseases and illnesses
- Prevention and treatment
- Health care issues

TRENDS IN THE WELL-BEING OF AMERICA'S CHILDREN & YOUTH 1998. U. S.
Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Washington, DC, 1998. Ref-Gen HQ 792.U5/T722

This is the third edition of an annual report on the well-being of children and youth. It contains statistics and estimates on more than 90 indicators of well-being. It is divided into two parts with Part I containing indicators of children's well-being and Part II containing the well-being of immigrant children, native-born children with immigrant parents, and native-born children with native-born parents. The indicators are organized into five basic areas which include:

- Population, family and neighborhood
- Economic security
- Health conditions and health care
- Social development, behavioral health and teen fertility
- Education and achievement

PREVIOUS CURRENT TOPICS

Previous current topics can be obtained upon request

Topic	Bulletin No.	Date
Racial/Ethnic Disparities in Health Gender and Drug Abuse National Family and Intimate Violence Prevention Initiative Reinventing Government Smoking and Teenage Pregnancy Stigma and Mental Illness Surgery Patient Outcomes with Decreased Nursing Staff	471	February 1999
Cesarean Delivery Community Health Care for Mothers and Children Homeless Adults Implications of Welfare Reform on Individuals with Substance Abuse Problems Influenza Immunizations and the Elderly The National Comorbidity Survey Reinventing Government	472	March 1999
Health Insurance Coverage and Children Adolescent Depression Binge Drinking Among College Students HIV and Mortality Masking Author Identity and Quality Peer Review Reinventing Government Telehealth	473	April 1999

LIBRARY CLIENTELE

The Parklawn Health Library System serves the following components of the Department of Health and Human Services (HHS):

- Administration for Children and Families
- Administration on Aging
- Agency for Health Care Policy and Research
- HHS Regional Offices
- Health Resources and Services Administration
- Indian Health Service
- National Center for Health Statistics
- National Institute of Mental Health
- National Institute on Drug Abuse
- Office of the Secretary
- Office of Public Health and Science
- Program Support Center
- Substance Abuse and Mental Health Services Administration

LIBRARY MISSION

The Parklawn Health Library, the NCHS Staff Research Library, and the Information Resources Center plan, develop, and administer a national research collection and innovative information programs in direct support of the Department of Health and Human Services.

LIBRARY COLLECTION

The Scope of the collection includes the delivery of health care, health administration, health policy, health services research, health promotion and disease prevention, computer sciences, management sciences, medical sociology, health statistics, international health, epidemiology, public health, mental health, psychiatry and neurology, and substance abuse.

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